



Henry J. Robinson School  
110 June Street  
Lowell, Massachusetts 01850

Tel: 978-937-8974  
Fax: 978-937-8988

Bridget Dowling, Principal  
Carl DeRubeis, Assistant Principal  
Michael Rossetti, Assistant Principal

September 20, 2019

Dr. Boyd,

The Robinson School would like to request permission to bring our seventh and eighth graders to climb Mount Monadnock in Jaffrey, NH this school year. We will be splitting this into 4 trips. Two eighth grade groups will go in the fall, planned for October 7, 2019 and October 11, 2019 and two seventh grade groups will go in the spring.

The Instructional Leadership Team wrote this learning activity into the school Turnaround Plan. This activity will specifically address High Leverage Goal 4- Create a culture and climate that values students and their backgrounds and results in engaging and meaningful learning opportunities for students. The Robinson School believes that opportunities and experiences such as this will promote the development of social and emotional learning competencies, leadership, communication skills and a growth mindset approach.

There is money budgeted within the school grant to cover the buses. The cost to climb the mountain is \$2 per student and the school can cover this through our local budget student activities account. Our School Redesign Grant, 1659, will supply any funding for buses. We are not asking the students for money for this trip. We do ask the district to please supply 4 substitutes, at \$105 per sub each day, this comes to \$840.00 for the two days. The substitute coverage is important on these days so that we can send an adequate amount of staff members to ensure safety.

Thank you for your consideration of this request.

Bridget Dowling

*"We Promote the Love of Learning"*

## Lowell Public Schools: OVERNIGHT FIELD TRIP CHECKLIST [revised 03/01/12]

The School Committee recognizes that first-hand learning experiences provided by field trips are a most effective and worthwhile means of learning. It is the desire of the Committee to encourage field trips as an integral part of the program of the schools.

Specific guidelines and appropriate administrative procedures shall be developed to screen, approve and evaluate trips and to ensure that all reasonable steps are taken for the safety of the participants. These guidelines and appropriate administrative procedures shall ensure that all field trips have the approval of the principal and that all overnight trips have the prior approval of appropriate Administrative level.

**Approval of the School Committee must be granted prior to money being collected, arrangements being made, or parental consent being issued for all overnight field trips.**

The following guidelines are set to implement the planning of field trips as part of, and directly related to, classroom learning activities. All guidelines must be included in the request.

- ☒ The application for approval for an overnight field trip which requires students to miss a day or more of school must include written justification from the teacher proposing the trip.
- ☒ The application for approval for an overnight field trip which requires students to miss a day or more of school must include a written statement of the learning standards the trip will address.
- ☒ The application for approval for an overnight field trip must include an itemization of all costs associated with the trip and the funding source.
- ☒ All proposed field trips must have the approval of the school building administrator.
- ☒ All day trips must be within budgetary allotments for such purpose and be approved by the superintendent. Any trip, for which there is no budget allotment, must have advance approval of the School Committee.
- ☒ Each student who goes on a field trip must have written parental permission.
- ☒ Enough supervision must be provided so that discipline on the trip is effective.
- ☒ All trips must be well planned, properly timed, and related to regular learning activities.
- ☒ **NEW:** All Chaperones/other adults **MUST** be coried. Please list chaperones that are attending: All Adults Teachers @ Robinson

Signature of Principal / Headmaster: \_\_\_\_\_

Date

9/10/19

Signature of Central Administrator: \_\_\_\_\_

Date

S.C. PERMISSION LETTERS  
OVERNIGHT / OUT-OF-STATE CHECKLIST

- ✓ 6 Weeks Prior to Conference/Field Trip
- ✓ Request letter from Head Master/Principal of building
- ✓ Destination/Dates/Activity
- ✓ Written Justification
- ✓ Statement of the Learning Standards
- ✓ Trip Cost/Funding Source – (Itemized)
- ✓ Sub Cost/Funding Source  $\$105. \times 4 = 420. \times 2 \text{ days} = \$840.00$
- 90 *per day 180 total over 2 DAYS* Number of Students attending
- 10 Number of Chaperones attending
- 10 Number of Teachers attending
- 1 Missing school days
- ✓ Appropriate signatures
- ✓ Attached Information: Flyers; Brochures; etc.
- ✓ Attached Lilac Forms
- ✓ Attached Yellow Checklist – Field Trips only

# FIELD TRIP REQUEST FORM

(Must be turned in 4 weeks in advance, with field trip checklist attached)

A trip is considered an official \_\_\_\_\_ Robinson \_\_\_\_\_ field trip when it is connected to any  
(School's name)

class, student activity, club, sport or special program whether they occur on a school day or on a weekend.

A field trip form MUST be filed with the Principal's signature (4) weeks prior to the event. The Principal's signature is required for ALL trips. *Keep a copy of this request for your files.*

Name: Bridget Dowling

Date: 9/20/19

Name and cell phone # of staff member on trip: (978)590-7239

Date of the trip: 10/7/19 and 10/11/19

Hours: Leaving: 10:00 am  
Returning: 5:00

Number of Students: 190 total- 95 each day Number of  
Chaperones: 10

Description of Field Trip: Per the Robinson School Redesign Grant/Turnaround Plan, Our seventh and eighth grade students will climb Mount Monadnock in Jaffrey, NH. Grade 8 in the fall and grade 7 in the spring. This is a team building exercise to promote the development of social and emotional learning competencies, leadership, communication skills and a growth mindset approach.

Type & Number of Vehicles: 2 buses per trip Approximate Mileage: 35 miles

\*\*\*\*\*  
Charges to Student (p/p): \$0 Charge to School Dept.: \$0

Transportation: Bus - 115-2 Transportation: grant - 11659  
Grant SAC funded

Entry Fees: \$2 per student Entry Fees: \_\_\_\_\_

Meals: School provided lunches Meals: N/A

How many substitute teachers are you requesting?: 4

X Full Day or Specific Times: From: \_\_\_\_\_ To: \_\_\_\_\_

You are required to meet the following conditions:

- Obtain parental and teacher permission
- Obtain volunteer/parent CORI forms and submit to H.R. office (4) weeks prior
- Notify Principal of students attending
- Meet all requirements of the field trip site
- File a post-trip report to the Principal
- Arrange for students to be returned to school/home

Reviewed/Approved by:  
Principal: Bridget Dowling

Date: 9/20/19

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**Please fill out all provided fields to avoid any delays of the approval process**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member Carson Desrosiers

School Robinson Grade Level 7 Subject Social Studies

Workshop Title: Field trip - Mt. Monadnock Educational Exploration

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost \$105.00

Date(s) of Workshop: 10/7/19

Substitute Coverage Needed? No ☐ Yes ☒ (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )

\*Out of State ( )

\*Overnight ( )

(Please ☒ one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval by Principal: B. Desrosiers Date: 9/27/19

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRG 1259</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing



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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: Mark Bossuth  
School: Robinson Grade Level: 8 Subject: ELA  
Workshop Title: Explorative Education - mt. Moradmo  
Organization/Department Presenting Workshop: 10/7/19 Cost: \$105.00  
Date(s) of Workshop: 10/7/19  
Substitute Coverage Needed? No ☐ Yes ☒ (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )

\*Out of State ( )

\*Overnight ( )

(Please ☒ one)

**\*\* Letter to the Superintendent of Out of State/Overnight attached \*\***

Signature of Applicant: [Signature] Date: \_\_\_\_\_  
Signature of Approval by Principal: [Signature] Date: 9/27/19

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRG 1659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_  
Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member

Lauren Smith

School

Robinson

Grade Level

S-8

Subject

SLP

Workshop Title

Explorative Education - mt. Monadnock

Organization/Department Presenting Workshop

10/7/9

Cost

\$105.00

Date(s) of Workshop

10/7/9

Substitute Coverage Needed?

No

Yes

(Please circle one)

If Para is to serve as the coverage, indicate Para's name here:

In State ( )

\*Out of State ( )

\*Overnight ( )

(Please ☒ one)

**\*\* Letter to the Superintendent of Out of State/Overnight attached \*\***

Signature of Applicant:

Date:

Signature of Approval by Principal:

B. Parry

Date:

9/27/9

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRG 1659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator:

Date:

Sub Reserved:

Date:

Request Denied by:

Date:

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Dan Sargent  
School Robinson Grade Level: 5-8 Subject: Physical  
Workshop Title: Explorative Education - mt. Moraduck  
Organization/Department Presenting Workshop: 10/17/19 Cost: \$105.00  
Date(s) of Workshop: 10/17/19  
Substitute Coverage Needed? No ☐ Yes ☒ (Please circle one)  
If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )

\*Out of State ( )

\*Overnight ( )

(Please ☒ one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Approval by Principal: Blitney Date: 9/22/19

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRG 1659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: Caroline Burrows  
School: Robinson Grade Level: 7-8 Subject: ESL  
Workshop Title: Explorative Education - mt. Mansfield  
Organization/Department Presenting Workshop: ~~Robinson~~ Robinson Cost: \$105.00  
Date(s) of Workshop: 10/1/09

Substitute Coverage Needed? No ☐ Yes ☒ (Please circle one)

If Para is to serve as the coverage, indicate Para's name here.

In State ( )

\*Out of State ( )

\*Overnight ( )

(Please ☒ one)

**\*\* Letter to the Superintendent of Out of State/Overnight attached \*\***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval by Principal: [Signature] Date: 9/27/09

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRG 11659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Jocelyn Monahan  
School: Robinson Grade Level: 7 Subject: Special Ed  
Workshop Title: Explorative Education - mt. Monadnock  
Organization/Department Presenting Workshop: Robinson Cost: \$105.00  
Date(s) of Workshop: 10/17/19  
Substitute Coverage Needed? No ☐ Yes ☒ (Please circle one)  
If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_  
☒ In State ( ) ☐ Out of State ( ) ☐ Overnight ( ) (Please ☒ one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Approval by Principal: B. Wang Date: 9/27/19

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRG 11659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_  
Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member:

Andres Lopez

School:

Robinson

Grade Level:

58

Subject:

Health

Workshop Title:

Explorative Education - mt. Monadnock

Organization/Department Presenting Workshop:

Robinson

Cost:

\$105.00

Date(s) of Workshop:

10/17/19

Substitute Coverage Needed?

No

Yes

(Please circle one)

If Para is to serve as the coverage, indicate Para's name here.

In State ( )

\*Out of State ( )

\*Overnight ( )

(Please ☒ one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant:

Date:

Signature of Approval by Principal:

[Signature]

Date:

9/27/19

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund # <u>SRC 1659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator:

Date:

Sub Reserved:

Date:

Request Denied by:

Date:

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Jackie Heslin  
School: Robinson Grade Level: 5-8 Subject: Math  
Workshop Title: Explorative Education - mt. Monadnock  
Organization/Department Presenting Workshop: Robinson Cost: \$105.00  
Date(s) of Workshop: 10/17/19  
Substitute Coverage Needed? No ☐ Yes ☒ (Please circle one)  
If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_  
☒ In State ( ) ☐ \*Out of State ( ) ☐ \*Overnight ( ) (Please ☒ one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Approval by Principal: Burns Date: 9/27/19

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund # <u>SRG 1659</u>			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_  
Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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